



NATIONAL INTERAGENCY FIRE CENTER
CASUAL PAYMENT CENTER
A SERVICE FIRST ORGANIZATION
CASUAL PAYMENT CENTER MS 270
3833 S DEVELOPMENT AVE BOISE, ID 83705-5354
PHONE: 877-471-2262 FAX: 208-433-6405

ADDRESS CHANGE FORM

Check one: ☐ BIA ☐ BLM ☐ FWS ☐ NPS

NAME: _____ SSN: _____

.....

Complete the appropriate section(s) below to change your payment and/or correspondence destination.

1. DESTINATION OF PAYMENT:

This section will change your destination of payment *ONLY*. Choose either Direct Deposit *OR* Treasury Check. ***DO NOT*** fill in both destinations.

DIRECT DEPOSIT

TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings																				
9-DIGIT ROUTING NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
ACCOUNT NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

OR

MAILING ADDRESS FOR TREASURY CHECK

ADDRESS <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						
CITY	STATE	ZIP																				

**This WILL remove any direct deposit account currently in our system.*

2. DESTINATION OF CORRESPONDENCE:

This section will change your destination of correspondence *ONLY*. This includes Wage and Earnings Statements as well as W-2s.

ADDRESS <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						
CITY	STATE	ZIP																				

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SIGNATURE: _____ DATE: _____ PHONE #: _____

Information on this form is protected by the Privacy Act. Disclosure may be made only to authorized persons according to Title 5 USC Section 552a and for use described in System of Records Notice Interior/OS-85.